

HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT ADVISORY COMMITTEE ON PATIENT PRIVACY AND SECURITY MEETING JUNE 12, 2012 MINUTES 3:00 – 5:00 PM LEGISLATIVE OFFICE BUILDING

COMMITTEE MEMBERS PRESENT: Michelle DeBarge, Robert McLean, Audrey Chapman, Ellen Andrews

PUBLIC ATTENDEES: Ryan Todd (Lawrence & Memorial Hospital), Kim Murrell (CBIA, Health Issues), Laurie Opalack (HITE-CT intern)

CALL TO ORDER

Michelle DeBarge called the meeting to order at 3:00 PM.

REVIEW OF MINUTES

Minutes from April 4, 2012 were approved.

Report on conversation with David Gilbertson concerning status of HITE-CT

Michelle DeBarge updated the Committee on her pre-meeting conversation with David Gilbertson on current issues before HITE-CT, including HITE-CT's decision to first focus on direct exchange before embarking on the more expansive query-based exchange. Pilots are underway. David emphasized that the Board welcomes any information in the form of interim reports and annual reports that the Committee believes would be helpful to the Board.

Reports from Committee members on assigned topics

<u>Consent model</u>: Audrey Chapman reported that there is no singular approach to the consent model – the landscape is "fragmented." Some states are doing pilot projects to test various consent models. Audrey will continue research and distill information.

<u>Provider education</u>: Robert McLean reported on the ONC "Roadmap" and suggested using it as a base for what is going on nationally and for information to support education of providers. He noted that the medical community needs updates, information, and education on the progress of HITE-CT. He suggested working through state organizations and associations of physicians, such as CSMS, to educate physicians and also suggested building an e-mail community of providers to disseminate information and ensure there is a base of understanding. Rob also mentioned the need to include students/medical residents. He suggested linking with ONC regional extension centers, which are already working with physicians on EHR implementation. Rob will get in touch with CSMS contacts to discuss.

<u>Patient/consumer education</u>: Ellen Andrews reported that certain states (such as Rhode Island, Vermont, and Massachusetts) have been very successful with consumer education. Common aspects of successful consumer education efforts have included:

- education materials were written at appropriate grade levels;
- copies of materials were given to patients to take with them;
- materials were balanced, presenting "both sides";
- consumer input was obtained to develop content/use of focus groups to vet content and retest revised content
- localized response provided to inquiries (local phone number and web site); and
- communication of information by physicians to patients was most critical in educating patients (billboards and generic publicity were costly and relatively ineffective).

<u>Privacy and security safeguards</u>: Demian Fontanella was not in attendance, but indicated that he would submit a written report.

<u>Sensitive information</u>: Demian Fontanella was not in attendance, but indicated that he would submit a written report.

Minors: Michelle DeBarge reported on the ONC's Community Practice Group and how other exchanges are handling issues involving minors. There is no consistent approach, in large part because state laws differ concerning the privacy of minor's information, particularly certain sensitive information concerning minors. Minors have the authority under state law in some cases to consent to the disclosure of their health information. Consequently, this also creates certain practical challenges to ensuring appropriate consent is obtained and/or that minors (as opposed to parents or guardians) are properly educated about their consent options.

<u>Patient care/quality issues</u>: The Committee determined that this topic should be removed as the subject matter is beyond the realm of this Committee on patient privacy and security.

NEXT STEPS

Robert McLean will report back on his discussions with the Connecticut State Medical Society. Members will continue to research their respective areas, with the goal of providing an interim report/recommendations to the Board following the September meeting.

PUBLIC COMMENT

Self-introduction by CBIA representative, Kim Murrell

ADJOURNMENT

Meeting adjourned at 4:45 p.m.

SCHEDULE OF MEETINGS

September 5, 2012